

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2015

through

M M M / D D D / Y Y Y Y Y Y
02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		620787.98
(b) Cash on Hand at Beginning of Reporting Period.....	557855.95	
(c) Total Receipts (from Line 19)	17391.02	30463.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	575246.97	651251.97
7. Total Disbursements (from Line 31)	60000.00	136005.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	515246.97	515246.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2015

To:

M M / D D / Y Y Y Y Y
02 28 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4800.72

8840.85

(ii) Unitemized

2590.30

6623.14

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7391.02

15463.99

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

10000.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

17391.02

30463.99

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17391.02

30463.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

17391.02

30463.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	136000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60000.00	136005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60000.00	136005.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17391.02	30463.99
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17391.02	30458.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel C Bryant

Mailing Address 1160 High Hawk Road

City

East Greenwich

State

RI

Zip Code

02818-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACLI

Occupation

Lawyer - Regional V P

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 11 / 2015

Transaction ID : 64692805

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen F. Kiernan

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

02 / 28 / 2015

Transaction ID : PR1728112739737

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Ms. Carolyn C. Cobb

Mailing Address 101 Constitution Ave, NW
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.59

Date of Receipt

02 / 28 / 2015

Transaction ID : PR1821819639737

Amount of Each Receipt this Period

237.30

P/R Deduction (\$118.65 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1397.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Honora Dirk A. Kempthorne

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR1871324539737

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Brian Waidmann

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR1872428339737

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.24

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR771358239737

Amount of Each Receipt this Period

366.62

P/R Deduction (\$183.31 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1183.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.33

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771362439737

Amount of Each Receipt this Period

119.66

P/R Deduction (\$59.83 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.89

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771373239737

Amount of Each Receipt this Period

316.44

P/R Deduction (\$158.22 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.17

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771374039737

Amount of Each Receipt this Period

177.58

P/R Deduction (\$88.79 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

613.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John W. Mangan CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771377139737

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.16

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771419339737

Amount of Each Receipt this Period

208.58

P/R Deduction (\$104.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 28 / 2015

Transaction ID : PR771419939737

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

558.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John P. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR771428739737

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.91

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR771428939737

Amount of Each Receipt this Period

277.46

P/R Deduction (\$138.73 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Alane R. Dent

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.52

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR771444339737

Amount of Each Receipt this Period

203.76

P/R Deduction (\$101.88 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

631.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Maurice A. Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

Transaction ID : PR805149139737

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

416.66

4800.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 22
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Northwestern Mutual Life PAC

Mailing Address 720 E. Wisconsin Ave.

City State Zip Code
Milwaukee WI 53202

FEC ID number of contributing
federal political committee.

C C00197095

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2015

Transaction ID : 64693539

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. UNUM Group Political Action Committee (UNUMPAC)

Mailing Address 1 Fountain Square

City State Zip Code
Chattanooga TN 37402

FEC ID number of contributing
federal political committee.

C C00177436

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 11 2015

Transaction ID : 64694288

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Royce Campaign Committee

Mailing Address P.O. Box 3249

City	State	Zip Code
Fullerton	CA	92834

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ed Royce

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 39
----------------	--	------------------------

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412276

Amount of Each Disbursement this Period

5000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Kirk For Senate

Mailing Address P.O. Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark Kirk

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District:
----------------	--	---------------------

Disbursement For: 2016	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412277

Amount of Each Disbursement this Period

3500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: SC District:
----------------	--	---------------------

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412278

Amount of Each Disbursement this Period

1000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of SchumerMailing Address 192 Lexington Avenue
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Charles SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412279

Amount of Each Disbursement this Period

1500.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address P O Box 12667

City Bakersfield State CA Zip Code 93889

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412280

Amount of Each Disbursement this Period

2500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Friends of John BoehnerMailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. John BoehnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412281

Amount of Each Disbursement this Period

2500.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rand Paul For Us Senate 2016

Mailing Address PO Box 72928

City Newport	State KY	Zip Code 41072
-----------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Rand PaulOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412282

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For ConnecticutMailing Address C/O Cacace Tusch & Santagata
777 Summer St Suite 103

City Stamford	State CT	Zip Code 06901
------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Richard BlumenthalOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412283

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Moderate Democrats PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412285

Amount of Each Disbursement this Period

2500.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rounds For Senate

Mailing Address PO Box 250

223 E Capitol Avenue

City

Pierre

State

SD

Zip Code

57501

Purpose of Disbursement

Political Contribution

011

Candidate Name

Sen. Mike RoundsCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2020

☒ Primary☐ General☐ Other (specify) ▼

State: SD

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64412286

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City

Manchester

State

NH

Zip Code

03105

Purpose of Disbursement

Political Contribution

011

Candidate Name

Sen. Kelly AyotteCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64412287

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Ben Sasse For Us Senate Inc

Mailing Address PO Box 1976

City

Fremont

State

NE

Zip Code

68026

Purpose of Disbursement

Political Contribution

011

Candidate Name

Sen. Ben SasseCategory/
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2020

☒ Primary☐ General☐ Other (specify) ▼

State: NE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64412288

Amount of Each Disbursement this Period

1000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of SchumerMailing Address 192 Lexington Avenue
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Charles SchumerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412759

Amount of Each Disbursement this Period

3500.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Aaron SchockOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412810

Amount of Each Disbursement this Period

2500.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Diane Black For Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Diane BlackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412861

Amount of Each Disbursement this Period

2000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederica S. Wilson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Mailing Address 19821 NW 2nd Avenue
Box 354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Frederica WilsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID : 64412862

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Mailing Address PO Box 54174

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Robert NeugebauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 19

Transaction ID : 64412863

Amount of Each Disbursement this Period

3000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Bobby Scott For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Mailing Address P.O. Box 251

City Newport News State VA Zip Code 23607

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Rep. Robert ScottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 03

Transaction ID : 64412916

Amount of Each Disbursement this Period

1000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends for Gregory MeeksMailing Address 153-01 Jamaica Ave
Suite 535City State Zip Code
Jamaica NY 11432Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Gregory MeeksOffice Sought: ☒ House
☐ Senate
☐ President
State: NY District: 05Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412971

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City State Zip Code
Wadsworth OH 44281Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim RenacciOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 16Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64412972

Amount of Each Disbursement this Period

5000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Tiberi for CongressMailing Address 2931 E. Dublin Granville Road
Suite 190City State Zip Code
Columbus OH 43231Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Patrick TiberiOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 12Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64413026

Amount of Each Disbursement this Period

5000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City
TopekaState
KSZip Code
66601Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Lynn JenkinsCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64413027

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City
ChattanoogaState
TNZip Code
37401Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Charles FleischmannCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64413028

Amount of Each Disbursement this Period

2000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City
ChicagoState
ILZip Code
60644Purpose of Disbursement
Political Contribution

011

Candidate Name

Rep. Danny DavisCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : 64413029

Amount of Each Disbursement this Period

1500.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capuano For Congress Committee

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Michael CapuanoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64413030

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For WatersMailing Address 3700 Wilshire Blvd
Suite 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Maxine WatersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64413031

Amount of Each Disbursement this Period

1000.00

Political Contribution

Full Name (Last, First, Middle Initial)

C. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Andy BarrOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2015

Transaction ID : 64413082

Amount of Each Disbursement this Period

1000.00

Political Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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